2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# 756565

Entity Name: CIEGA COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7037 SUNSET DRIVE SOUTH
SOUTH PASADENA, FL 33707

New Principal Place of Business:

Current Mailing Address:

C/O TABS
7601 MLKING ST. N, #B
SAINT PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 59-2661746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TYLER, SHIRLEY A
TABS
7601 MLKING ST. N, STE. B
SAINT PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	BM	( ) Delete
Name:	STALENSKY, DON	
Address:	7037 SUNSET DR S, # 462	
City-St-Zip:	SOUTH PASADENA, FL 33707	
Title:	P	( ) Delete
Name:	MCFADDEN, TOM	
Address:	7037 SUNSET DR S, # 201	
City-St-Zip:	SOUTH PASADENA, FL 33707	
Title:	DS	( ) Delete
Name:	COFFIN, ELAINE	
Address:	7037 SUNSET DR S, # 305	
City-St-Zip:	SOUTH PASADENA, FL 33707	
Title:	VP	( ) Delete
Name:	HOFFBERGER, ALAN	
Address:	7037 SUNSET DR S 702	
City-St-Zip:	SAINT PETERSBURG, FL 33707	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM MCFADDEN PRES 02/26/2009

Electronic Signature of Signing Officer or Director — Date